



Matthew Covington <matthew@iowacci.org> on 10/16/2014 11:04:07 AM

To: ""2022190174@fec.gov"" <2022190174@fec.gov>,
cc: Hugh Espey <hugh@iowacci.org>,

Subject: CCI Action Fund 24 hour report

Please find attached a 24 hour report from Iowa Citizens for Community Improvement Action Fund .
Please also let me know should you have any questions. Thank you,

Matthew Covington
CCI Action Fund



515-255-0800 CCI Action 24hr report.pdf



IOWA CITIZENS FOR COMMUNITY IMPROVEMENT

ACTION FUND

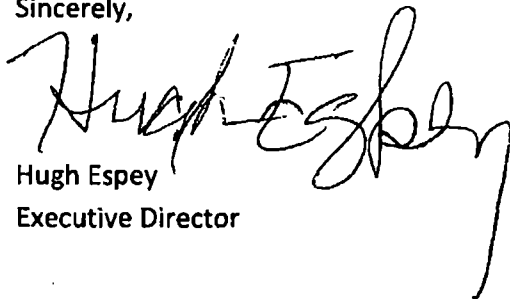
2001 Forest Avenue
Des Moines, IA 50311
ph 515.282.0484
fx 515.283.0031
www.cciaction.org

October 16, 2014

To whom it may concern,

In an attempt to comply with its 24-hour reporting requirements and fulfill the underlying policy goals of providing timely, transparent reporting of its independent expenditures, Iowa CCI Action Fund is filing this 24-Hour Report estimating its independent expenditures from October 1 through the general election, and we will then file an amended report to reflect actual expenditures once the amounts are known. Although we have attempted to report a reasonable estimate of our independent expenditures, it is inevitable that the final numbers reported will vary from these estimates.

Sincerely,



Hugh Espey
Executive Director

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation Iowa Citizens for Community Improvement Action Fund	
(b) Address (number and street) <input type="checkbox"/> I check if different than previously reported 2001 Forest Avenue	
(c) City, State and ZIP Code Des Moines, IA 50311	3. FEC Identification Number C 9 0 0 1 3 8 9 7
2. Occupation and Name of Employer (for Individual Filers Only)	

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☒ 24-Hour Report

☐ October 15 Quarterly Report

☐ 48-Hour Report

☐ January 31 Year-End Report

b) Is this Report an amendment? ☒ No ☐ Yes, It amends the report filed on

5. COVERING PERIOD:

FROM 1 0 0 1 2 0 1 4

THROUGH 1 1 0 4 2 0 1 4

6. TOTAL CONTRIBUTIONS..... 58,000.00

7. TOTAL INDEPENDENT EXPENDITURES 60,001.04

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Hugh S. Espey

SIGNATURE

Hugh S. Espey

DATE

10/16/14

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-A
ITEMIZED RECEIPTS

PAGE	OF
3	22

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)

Iowa Citizens for Community Improvement Action Fund

A. Full Name (Last, First, Middle Initial) Service Employees International Union Committee on Political Education		Date of Receipt 10 10 2014
Mailing Address 1800 Massachusetts Ave NW		Amount of Each Receipt this Period 58,000.00
City Washington, DC	State Zip Code 20036	
FEC ID number of contributing federal political committee. C 00004036		
Name of Employer		Occupation

B. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C		
Name of Employer		Occupation

C. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C		
Name of Employer		Occupation

D. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C		
Name of Employer		Occupation

SUBTOTAL of Receipts This Page (optional)	58,000.00
TOTAL This Period (last page carry total to Line 6)	58,000.00

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 4 OF 22
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Iowa Citizens for Community Improvement Action Fund

Full Name (Last, First, Middle Initial) of Payee Josh Journey Heinz		Date of Public Distribution/Dissemination 1 0 0 1 2 0 1 4
Mailing Address 2001 Forest Avenue		Amount 2,280
City Des Moines	State IA	
Zip Code 50311		
Purpose of Expenditure Canvassing	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 2,280		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Patrick Stall		Date of Public Distribution/Dissemination 1 0 0 1 2 0 1 4
Mailing Address 2001 Forest Avenue		Amount 1,462.50
City Des Moines	State IA	
Zip Code 50311		
Purpose of Expenditure Canvassing	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 3,742.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Aaron Janson		Date of Public Distribution/Dissemination 1 0 0 1 2 0 1 4
Mailing Address 2001 Forest Avenue		Amount 1,462.50
City Des Moines	State IA	
Zip Code 50311		
Purpose of Expenditure Canvassing	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5,205.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	5,205.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 5 OF 22
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Iowa Citizens for Community Improvement Action Fund

Full Name (Last, First, Middle Initial) of Payee

Carrie Fisher

Date of Public Distribution/Dissemination

1 0 0 1 2 0 1 4

Mailing Address

2001 Forest Avenue

Amount

1,462.50

City

Des Moines

State

IA

Zip Code

50311

Purpose of Expenditure
Canvassing

Category/
Type

Office Sought:

☐ House

State: _____

☒ Senate

District: _____

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bruce Braley

Calendar Year-To-Date Per Election
for Office Sought

6,667.50

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Michael Patz

Date of Public Distribution/Dissemination

1 0 0 1 2 0 1 4

Mailing Address

2001 Forest Avenue

Amount

1,267.50

City

Des Moines

State

IA

Zip Code

50311

Purpose of Expenditure
Canvassing

Category/
Type

Office Sought:

☐ House

State: _____

☒ Senate

District: _____

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bruce Braley

Calendar Year-To-Date Per Election
for Office Sought

7,935.00

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

L C Printing

Date of Public Distribution/Dissemination

1 0 0 1 2 0 1 4

Mailing Address

401 SW 8th Street

Amount

7,833.00

City

Des Moines

State

IA

Zip Code

50309

Purpose of Expenditure
printing, mail services

Category/
Type

Office Sought:

☒ House

State: _____

☐ Senate

District: _____

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bruce Braley

Calendar Year-To-Date Per Election
for Office Sought

15,768.00

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... 10,563.00

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures.....
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 6 OF 22
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full) Iowa Citizens for Community Improvement Action Fund			
Full Name (Last, First, Middle Initial) of Payee US Cellular		Date of Public Distribution/Dissemination 1 0 0 1 2 0 1 4	
Mailing Address Dept. 0205		Amount 109.28	
City Palatine State IL Zip Code 60055			
Purpose of Expenditure data plan for canvassing		Category/ Type	
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Office Sought: <input checked="" type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 15,877.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Kaija Carter		Date of Public Distribution/Dissemination 1 0 0 1 2 0 1 4	
Mailing Address 2001 Forest Avenue		Amount 650.00	
City Des Moines State IA Zip Code 50311			
Purpose of Expenditure canvassing		Category/ Type	
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Office Sought: <input checked="" type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 16,527.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Erickson Agency		Date of Public Distribution/Dissemination 1 0 0 1 2 0 1 4	
Mailing Address 8299 50th Avenue		Amount 649.50	
City Prole State IA Zip Code 50229			
Purpose of Expenditure consulting, material design		Category/ Type	
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Office Sought: <input checked="" type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 17,176.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
<p>(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 1,408.78</p> <p>(b) SUBTOTAL of Unitemized Independent Expenditures.....▶</p> <p>(c) TOTAL Independent Expenditures.....▶ (carry total from last page forward to Line 7)</p>			

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 7 OF 22
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Iowa Citizens for Community Improvement Action Fund

Full Name (Last, First, Middle Initial) of Payee

Karla Bromwell

Date of Public Distribution/Dissemination

1 0 ' 0 1 ' 2 0 1 4

Mailing Address

2001 Forest Avenue

Amount

100.00

City

Des Moines

State

IA

Zip Code

50311

Purpose of Expenditure
Canvassing

Category/
Type

Office Sought:

☐ House

State: _____

☒ Senate

District: _____

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bruce Braley

Calendar Year-To-Date Per Election
for Office Sought

17,276.78

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Madeline Cano

Date of Public Distribution/Dissemination

1 0 ' 0 1 ' 2 0 1 4

Mailing Address

2001 Forest Avenue

Amount

159.00

City

Des Moines

State

IA

Zip Code

50311

Purpose of Expenditure
canvassing

Category/
Type

Office Sought:

☐ House

State: _____

☒ Senate

District: _____

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bruce Braley

Calendar Year-To-Date Per Election
for Office Sought

17,435.78

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Matthew Covington

Date of Public Distribution/Dissemination

1 0 ' 0 1 ' 2 0 1 4

Mailing Address

2001 Forest Avenue

Amount

571.00

City

Des Moines

State

IA

Zip Code

50311

Purpose of Expenditure
Canvassing

Category/
Type

Office Sought:

☐ House

State: _____

☒ Senate

District: _____

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bruce Braley

Calendar Year-To-Date Per Election
for Office Sought

18,006.78

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....>

830.00

(b) SUBTOTAL of Unitemized Independent Expenditures.....>

(c) TOTAL Independent Expenditures.....>
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 8 OF 22
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Iowa Citizens for Community Improvement Action Fund

Full Name (Last, First, Middle Initial) of Payee

Hugh Espey

Date of Public Distribution/Dissemination

1 0 0 1 2 0 1 4

Mailing Address

2001 Forest Avenue

Amount

City

Des Moines

State

IA

Zip Code

50311

632.40

Purpose of Expenditure
Canvassing

Category/
Type

Office Sought:

☐ House

State: _____

☒ Senate

District: _____

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bruce Braley

Calendar Year-To-Date Per Election
for Office Sought

18,639.18

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Bridget Fagan

Date of Public Distribution/Dissemination

1 0 0 1 2 0 1 4

Mailing Address

2001 Forest Avenue

Amount

City

Des Moines

State

IA

Zip Code

50311

111.00

Purpose of Expenditure
canvassing, material development

Category/
Type

Office Sought:

☐ House

State: _____

☒ Senate

District: _____

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bruce Braley

Calendar Year-To-Date Per Election
for Office Sought

18,750.18

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Emily Harmon

Date of Public Distribution/Dissemination

1 0 0 1 2 0 1 4

Mailing Address

2001 Forest Avenue

Amount

City

Des Moines

State

IA

Zip Code

50311

92.00

Purpose of Expenditure
Canvassing

Category/
Type

Office Sought:

☐ House

State: _____

☒ Senate

District: _____

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bruce Braley

Calendar Year-To-Date Per Election
for Office Sought

18,842.18

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... 835.40

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures.....
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 9 OF 22
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Iowa Citizens for Community Improvement Action Fund

Full Name (Last, First, Middle Initial) of Payee

Adam Mason

Date of Public Distribution/Dissemination

1 0 / 0 1 2 0 1 4

Mailing Address

2001 Forest Avenue

Amount

287.02

City

Des Moines

State

IA

Zip Code

50311

Purpose of Expenditure
Canvassing

Category/
Type

Office Sought:

☐ House

State: _____

☒ Senate

District: _____

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bruce Braley

Calendar Year-To-Date Per Election
for Office Sought

19,129.20

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Jess Mazour

Date of Public Distribution/Dissemination

1 0 / 0 1 2 0 1 4

Mailing Address

2001 Forest Avenue

Amount

77.50

City

Des Moines

State

IA

Zip Code

50311

Purpose of Expenditure
canvassing

Category/
Type

Office Sought:

☐ House

State: _____

☒ Senate

District: _____

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bruce Braley

Calendar Year-To-Date Per Election
for Office Sought

19,206.70

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Natalie Snyders

Date of Public Distribution/Dissemination

1 0 / 0 1 2 0 1 4

Mailing Address

2001 Forest Avenue

Amount

300.00

City

Des Moines

State

IA

Zip Code

50311

Purpose of Expenditure
Canvassing; advertisement development

Category/
Type

Office Sought:

☐ House

State: _____

☒ Senate

District: _____

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bruce Braley

Calendar Year-To-Date Per Election
for Office Sought

19,506.70

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

664.52

(b) SUBTOTAL of Unitemized Independent Expenditures.....▶

(c) TOTAL Independent Expenditures.....▶
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 10 OF 22
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full) Iowa Citizens for Community Improvement Action Fund			
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Full Name (Last, First, Middle Initial) of Payee Eight Seven Central		Date of Public Distribution/Dissemination 1 0 0 1 2 0 1 4	
Mailing Address 424 East Locust Street		Amount 546.57	
City Des Moines	State IA	Zip Code 50309	
Purpose of Expenditure clothing apparel for canvassers	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
20,053.27			

Full Name (Last, First, Middle Initial) of Payee Katie Bryan		Date of Public Distribution/Dissemination 1 0 0 1 2 0 1 4	
Mailing Address 2001 Forest Avenue		Amount 115.00	
City Des Moines	State IA	Zip Code 50311	
Purpose of Expenditure canvassing	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
20,168.27			

Full Name (Last, First, Middle Initial) of Payee Gabus Ford		Date of Public Distribution/Dissemination 1 0 0 1 2 0 1 4	
Mailing Address 4545 Merle Hay Road		Amount 923.26	
City Des Moines	State IA	Zip Code 50310	
Purpose of Expenditure van rental for canvassing	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
21,091.53			

(a) SUBTOTAL of Itemized Independent Expenditures.....	1,584.83
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 11 OF 22
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Iowa Citizens for Community Improvement Action Fund

Full Name (Last, First, Middle Initial) of Payee Kum and Go		Date of Public Distribution/Dissemination 1 0 ' 0 1 ' 2 0 1 4	
Mailing Address 2211 University Avenue		Amount 50.00	
City Des Moines	State IA	Zip Code 50311	
Purpose of Expenditure gas for canvassing	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought 21,141.53			
Full Name (Last, First, Middle Initial) of Payee Holiday Inn Express		Date of Public Distribution/Dissemination 1 0 ' 0 1 ' 2 0 1 4	
Mailing Address 1140 24th Street		Amount 30.80	
City Des Moines	State IA	Zip Code 50311	
Purpose of Expenditure lodging for canvasser	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought 21,172.33			
Full Name (Last, First, Middle Initial) of Payee KJMC		Date of Public Distribution/Dissemination 1 0 ' 0 1 ' 2 0 1 4	
Mailing Address 1169 25th Street		Amount 2,000.00	
City Des Moines	State IA	Zip Code 50311	
Purpose of Expenditure radio advertising	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought 23,172.33			

(a) SUBTOTAL of Itemized Independent Expenditures..... 2,080.80

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures.....
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 12 OF 22
 FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Iowa Citizens for Community Improvement Action Fund

Full Name (Last, First, Middle Initial) of Payee

Cityview

Date of Public Distribution/Dissemination

1 0 ' 0 1 ' 2 0 1 4

Mailing Address

414 61st Street

Amount

1,785.00

City

Des Moines

State

IA

Zip Code

50312

Purpose of Expenditure
 newspaper advertising

Category/
 Type

Office Sought:

☐ House

State: _____

☒ Senate

District: _____

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bruce Braley

Calendar Year-To-Date Per Election
 for Office Sought

24,957.33

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

El Enfoque

Date of Public Distribution/Dissemination

1 0 ' 0 1 ' 2 0 1 4

Mailing Address

PO Box 145

Amount

375.00

City

Perry

State

IA

Zip Code

50220

Purpose of Expenditure
 newspaper advertising

Category/
 Type

Office Sought:

☐ House

State: _____

☒ Senate

District: _____

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bruce Braley

Calendar Year-To-Date Per Election
 for Office Sought

25,332.33

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

El Viento

Date of Public Distribution/Dissemination

1 0 ' 0 1 ' 2 0 1 4

Mailing Address

PO Box 7746

Amount

520.00

City

Urbandale

State

IA

Zip Code

50323

Purpose of Expenditure
 newspaper advertising

Category/
 Type

Office Sought:

☐ House

State: _____

☒ Senate

District: _____

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bruce Braley

Calendar Year-To-Date Per Election
 for Office Sought

25,852.33

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....>

2,680.00

(b) SUBTOTAL of Unitemized Independent Expenditures.....>

(c) TOTAL Independent Expenditures.....>

(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 13 OF 22
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Iowa Citizens for Community Improvement Action Fund

Full Name (Last, First, Middle Initial) of Payee Northern Iowan		Date of Public Distribution/Dissemination 1 0 ' 0 1 ' 2 0 1 4	
Mailing Address L011 Maucker Union		Amount 2,096.25	
City Cedar Falls	State IA	Zip Code 50614	
Purpose of Expenditure newspaper advertising	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
		27,948.58	

Full Name (Last, First, Middle Initial) of Payee Daily Iowan		Date of Public Distribution/Dissemination 1 0 ' 0 1 ' 2 0 1 4	
Mailing Address E131 Adler Journalism Building		Amount 5,212.62	
City Iowa City	State IA	Zip Code 52242	
Purpose of Expenditure newspaper advertising	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
		33,161.20	

Full Name (Last, First, Middle Initial) of Payee Iowa State Daily		Date of Public Distribution/Dissemination 1 0 ' 0 1 ' 2 0 1 4	
Mailing Address 108 Hamilton Hall		Amount 3,308.00	
City Ames	State IA	Zip Code 50011	
Purpose of Expenditure newspaper advertising	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
		36,469.20	

(a) SUBTOTAL of Itemized Independent Expenditures..... 10,616.87

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures.....
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 14 OF 22
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Iowa Citizens for Community Improvement Action Fund

Full Name (Last, First, Middle Initial) of Payee The Quad City Times		Date of Public Distribution/Dissemination 1 0 ' 0 1 ' 2 0 1 4
Mailing Address 500 E 3rd Street		Amount 4,833.00
City Davenport	State IA	
Zip Code 52801		
Purpose of Expenditure newspaper advertising	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 41,302.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee The Des Moines Register		Date of Public Distribution/Dissemination 1 0 ' 0 1 ' 2 0 1 4
Mailing Address 400 Locust Street		Amount 6,651.56
City Des Moines	State IA	
Zip Code 50309		
Purpose of Expenditure newspaper advertising	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Bruce Braley		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 47,953.76		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination
Mailing Address		Amount
City	State	
Zip Code		
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures..... 11,484.56

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures.....
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 15 OF 22
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Iowa Citizens for Community Improvement Action Fund

Full Name (Last, First, Middle Initial) of Payee Josh Journey Heinz		Date of Public Distribution/Dissemination 1 0 ' 0 1 2 0 1 4	
Mailing Address 2001 Forest Avenue		Amount 2,280	
City Des Moines	State IA	Zip Code 50311	
Purpose of Expenditure Canvassing	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 3 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Staci Appel		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2,280		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Patrick Stall		Date of Public Distribution/Dissemination 1 0 ' 0 1 2 0 1 4	
Mailing Address 2001 Forest Avenue		Amount 1,462.50	
City Des Moines	State IA	Zip Code 50311	
Purpose of Expenditure Canvassing	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 3 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Staci Appel		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3,742.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Aaron Janson		Date of Public Distribution/Dissemination 1 0 ' 0 1 2 0 1 4	
Mailing Address 2001 Forest Avenue		Amount 1,462.50	
City Des Moines	State IA	Zip Code 50311	
Purpose of Expenditure Canvassing	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 3 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Staci Appel		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5,205.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... 5,205.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures.....
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 16 OF 22
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Iowa Citizens for Community Improvement Action Fund

Full Name (Last, First, Middle Initial) of Payee

Carrie Fisher

Date of Public Distribution/Dissemination

1 0 0 1 2 0 1 4

Mailing Address

2001 Forest Avenue

Amount

1,462.50

City

Des Moines

State

IA

Zip Code

50311

Purpose of Expenditure

Canvassing

Category/
Type

Office Sought:

☒ House

State: _____

☐ Senate

District: 3

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Staci Appel

Calendar Year-To-Date Per Election
for Office Sought

6,667.50

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Michael Patz

Date of Public Distribution/Dissemination

1 0 0 1 2 0 1 4

Mailing Address

2001 Forest Avenue

Amount

1,267.50

City

Des Moines

State

IA

Zip Code

50311

Purpose of Expenditure

Canvassing

Category/
Type

Office Sought:

☒ House

State: _____

☐ Senate

District: 3

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Staci Appel

Calendar Year-To-Date Per Election
for Office Sought

7,935.00

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Holiday Inn Express

Date of Public Distribution/Dissemination

1 0 0 1 2 0 1 4

Mailing Address

1140 24th Street

Amount

30.80

City

Des Moines

State

IA

Zip Code

50311

Purpose of Expenditure

lodging for canvasser

Category/
Type

Office Sought:

☒ House

State: _____

☐ Senate

District: 3

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Staci Appel

Calendar Year-To-Date Per Election
for Office Sought

7,965.80

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

2,760.80

(b) SUBTOTAL of Unitemized Independent Expenditures.....▶

(c) TOTAL Independent Expenditures.....▶

(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 17 OF 22
 FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Iowa Citizens for Community Improvement Action Fund

Full Name (Last, First, Middle Initial) of Payee

US Cellular

Date of Public Distribution/Dissemination

1 0 ' 0 1 2 0 1 4

Mailing Address

Dept. 0205

Amount

109.28

City

Palatine

State

IL

Zip Code

60055

Purpose of Expenditure

data plan for canvassing

Category/
Type

Office Sought:

☒ House

State: _____

☐ Senate

District: 3

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Staci Appel

Calendar Year-To-Date Per Election
for Office Sought

8,075.08

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Kaija Carter

Date of Public Distribution/Dissemination

1 0 ' 0 1 2 0 1 4

Mailing Address

2001 Forest Avenue

Amount

650.00

City

Des Moines

State

IA

Zip Code

50311

Purpose of Expenditure

canvassing

Category/
Type

Office Sought:

☒ House

State: _____

☐ Senate

District: 3

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Staci Appel

Calendar Year-To-Date Per Election
for Office Sought

8,725.08

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Erickson Agency

Date of Public Distribution/Dissemination

1 0 ' 0 1 2 0 1 4

Mailing Address

8299 50th Avenue

Amount

649.50

City

Prole

State

IA

Zip Code

50229

Purpose of Expenditure

consulting, material design

Category/
Type

Office Sought:

☒ House

State: _____

☐ Senate

District: 3

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Staci Appel

Calendar Year-To-Date Per Election
for Office Sought

9,374.58

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

1,408.78

(b) SUBTOTAL of Unitemized Independent Expenditures.....▶

(c) TOTAL Independent Expenditures.....▶
 (carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 18 OF 22
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Iowa Citizens for Community Improvement Action Fund

Full Name (Last, First, Middle Initial) of Payee Karla Bromwell		Date of Public Distribution/Dissemination 1 0 / 0 1 / 2 0 1 4	
Mailing Address 2001 Forest Avenue		Amount 67.28	
City Des Moines	State IA	Zip Code 50311	
Purpose of Expenditure Canvassing	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 3 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: Staci Appel		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought		9,441.86	

Full Name (Last, First, Middle Initial) of Payee Madeline Cano		Date of Public Distribution/Dissemination 1 0 / 0 1 / 2 0 1 4	
Mailing Address 2001 Forest Avenue		Amount 159.00	
City Des Moines	State IA	Zip Code 50311	
Purpose of Expenditure canvassing	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 3 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: Staci Appel		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought		9,600.86	

Full Name (Last, First, Middle Initial) of Payee Matthew Covington		Date of Public Distribution/Dissemination 1 0 / 0 1 / 2 0 1 4	
Mailing Address 2001 Forest Avenue		Amount 71.00	
City Des Moines	State IA	Zip Code 50311	
Purpose of Expenditure Canvassing	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 3 <input type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate Supported or Opposed by Expenditure: Staci Appel		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought		9,671.86	

(a) SUBTOTAL of Itemized Independent Expenditures.....	297.28
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 19 OF 22
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Iowa Citizens for Community Improvement Action Fund

Full Name (Last, First, Middle Initial) of Payee

Hugh Espey

Date of Public Distribution/Dissemination

1 0 ' 0 1 2 0 1 4

Mailing Address

2001 Forest Avenue

Amount

147.60

City

Des Moines

State

IA

Zip Code

50311

Purpose of Expenditure

Canvassing

Category/

Type

Office Sought:

☒ House

State: _____

☐ Senate

District: 3

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Staci Appel

Calendar Year-To-Date Per Election
for Office Sought

9,819.46

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Bridget Fagan

Date of Public Distribution/Dissemination

1 0 ' 0 1 2 0 1 4

Mailing Address

2001 Forest Avenue

Amount

111.00

City

Des Moines

State

IA

Zip Code

50311

Purpose of Expenditure

canvassing, material development

Category/

Type

Office Sought:

☒ House

State: _____

☐ Senate

District: 3

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Staci Appel

Calendar Year-To-Date Per Election
for Office Sought

9,930.46

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Emily Harmon

Date of Public Distribution/Dissemination

1 0 ' 0 1 2 0 1 4

Mailing Address

2001 Forest Avenue

Amount

92.00

City

Des Moines

State

IA

Zip Code

50311

Purpose of Expenditure

Canvassing

Category/

Type

Office Sought:

☒ House

State: _____

☐ Senate

District: 3

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Staci Appel

Calendar Year-To-Date Per Election
for Office Sought

10,022.46

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....>

350.60

(b) SUBTOTAL of Unitemized Independent Expenditures.....>

(c) TOTAL Independent Expenditures.....>

(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 20 OF 22
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full) Iowa Citizens for Community Improvement Action Fund			
Full Name (Last, First, Middle Initial) of Payee Adam Mason		Date of Public Distribution/Dissemination 1 0 0 1 2 0 1 4	
Mailing Address 2001 Forest Avenue		Amount	
City Des Moines	State IA	Zip Code 50311	179.50
Purpose of Expenditure Canvassing	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 3 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Staci Appel		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
10,201.96			
Full Name (Last, First, Middle Initial) of Payee Jess Mazour		Date of Public Distribution/Dissemination 1 0 0 1 2 0 1 4	
Mailing Address 2001 Forest Avenue		Amount	
City Des Moines	State IA	Zip Code 50311	77.50
Purpose of Expenditure canvassing	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 3 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Staci Appel		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
10,279.46			
Full Name (Last, First, Middle Initial) of Payee Natalie Snyders		Date of Public Distribution/Dissemination 1 0 0 1 2 0 1 4	
Mailing Address 2001 Forest Avenue		Amount	
City Des Moines	State IA	Zip Code 50311	133.00
Purpose of Expenditure Canvassing; advertisement development	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: 3 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: Staci Appel		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
10,412.46			
<p>(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 390.00</p> <p>(b) SUBTOTAL of Unitemized Independent Expenditures▶</p> <p>(c) TOTAL Independent Expenditures.....▶ (carry total from last page forward to Line 7)</p>			

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 21 OF 22
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Iowa Citizens for Community Improvement Action Fund

Full Name (Last, First, Middle Initial) of Payee Eight Seven Central		Date of Public Distribution/Dissemination 1 0 0 1 2 0 1 4	
Mailing Address 424 East Locust Street		Amount 546.56	
City Des Moines	State IA	Zip Code 50309	
Purpose of Expenditure clothing apparel for canvassers	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: 3
Name of Federal Candidate Supported or Opposed by Expenditure: Staci Appel		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 10,959.02		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Katie Bryan		Date of Public Distribution/Dissemination 1 0 0 1 2 0 1 4	
Mailing Address 2001 Forest Avenue		Amount 115.00	
City Des Moines	State IA	Zip Code 50311	
Purpose of Expenditure canvassing	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: 3
Name of Federal Candidate Supported or Opposed by Expenditure: Staci Appel		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 11,074.02		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Gabus Ford		Date of Public Distribution/Dissemination 1 0 0 1 2 0 1 4	
Mailing Address 4545 Merle Hay Road		Amount 923.26	
City Des Moines	State IA	Zip Code 50310	
Purpose of Expenditure van rental for canvassing	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: 3
Name of Federal Candidate Supported or Opposed by Expenditure: Staci Appel		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 11,997.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... 1,584.82

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures.....
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 22 OF 22
 FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Iowa Citizens for Community Improvement Action Fund

Full Name (Last, First, Middle Initial) of Payee Kum and Go		Date of Public Distribution/Dissemination 1 0 0 1 2 0 1 4	
Mailing Address 2211 University Avenue		Amount 50.00	
City Des Moines	State IA	Zip Code 50311	
Purpose of Expenditure gas for canvassing	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: 3
Name of Federal Candidate Supported or Opposed by Expenditure: Staci Appel		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 12,047.28		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	50.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	60,001.04

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <i>E-mail</i>	Date of Receipt or Postmarked <i>10/16/2014</i>
<i>JA</i> PREPARER (8/2013)	<i>10/16/2014</i> DATE PREPARED